



A State Agency Serving the People of Caroline County

Caroline County Health Department

Division of Environmental Health

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Attilio Zarrella, Th.D., Deputy Health Officer

APPLICATION FOR WATER/SEWAGE VERIFICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. FEE, SITE PLAN, & FLOOR PLAN MUST ACCOMPANY THIS APPLICATION

DIRECTIONS: Per COMAR 26.04.02. OR 26.04.03), this application required for any/all improvements/changes on property. Please complete all requested information in boxes below, attach current fee, floor plan, site plan, and mail to address below. Please allow minimum of **30 days** processing time.

OWNER AND PROPERTY INFORMATION

First and Last Name _____

Mailing address (street or PO Box) _____

Mailing address: City, State, ZIP _____

Day Phone _____

Cell Phone _____

Owner's email _____

Secondary email _____

Property Location (911 Address) _____

Property Tax ID Number _____

TAX MAP -- BLOCK/GRID -- PARCEL -- LOT _____

SUB'D: _____

SITE PLAN REQUIRED

Stake proposed improvements and submit a scaled drawing (engineer scale to be 1"=40'; 50', 60' or 100'). Scaled drawing or "Site Plan" must show: proposed improvements and existing: property lines, buildings, residential and farm well(s), underground water lines, septic system(s), driveway(s), streams, ponds.

FLOOR PLAN REQUIRED

A floor plan is required for a proposal which alters interior spaces and for residential or commercial proposals which add space. Show existing and proposed floor plans. Also write in "Owner's Description of Proposal:" additional and proposed square footage, and number of bedrooms, *if applicable*.

PROJECT INFORMATION

- ☐ Accessory Dwelling Unit: _____ #units and & _____ bedrooms per/unit
- ☐ Accessory Structures (sheds, detached garages)
- ☐ Commercial Alteration
- ☐ Commercial Addition
- ☐ Commercial – Misc.
- ☐ Deck/Patio/Porch: _____ Open (or) _____ Enclosed
- ☐ Demolition
- ☐ Driveway
- ☐ Farm Structure
- ☐ Home Occupation Use
- ☐ Lot Line Revision – *not required when consolidating lots/parcels*
- ☐ Pool: _____ In-Ground (or) _____ Above Ground
- ☐ Residential Addition
- ☐ Residential Alteration
- ☐ Residential – Misc.
- ☐ Sidewalks
- ☐ Single Family Dwelling
- ☐ Solar Panels (*Ground Mounted*)
- ☐ Special Use/Change of Use
- ☐ SRA Revision
- ☐ Subdivision Review (existing structures or SRA)
- ☐ Temporary Structure
- ☐ OTHER, (Such as Communications Tower, Sign, etc.; explain below)

OWNER'S DESCRIPTION OF PROPOSAL: (INCLUDE DIMENSIONS)

SQUARE FEET: Existing: _____ Addition/New: _____

BEDROOMS: Existing: _____ Addition/New: _____

OWNER'S CHECKLIST

- ☐ APPLICATION SIGNED AND DATED: (*Must be ORIGINAL signature by current owner*)
- ☐ SITE PLAN ATTACHED
- ☐ FLOOR PLAN ATTACHED
- ☐ \$40 CASH, CHECK, or MONEY ORDER PAYABLE TO "CAROLINE COUNTY HEALTH DEPT."

X _____

OWNER'S SIGNATURE REQUIRED

DATE

IF YOU ARE NOT THE OWNER, THEN YOU MUST FILL OUT THE AUTHORIZATION FORM

H.D. USE ONLY: Date Rec'd: _____ Rec'd By: _____

Receipt#: _____ PT ID#: _____ CS: _____

() EMAIL

() MAIL

() PICK UP